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FACSIMILE SUBMISSION UNDER 37 CFR 1.8

TO:	Mail Stop Amendments	FROM:	Steven J. Shumaker
COMPANY:	U.S. Patent & Trademark Office	DATE:	DECEMBER 14, 2005
FAX NUMBER:	571-273-8300	TOTAL NO. OF PAGES INCLUDING COVER:	3
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	1023-290US01
RE:	Supplemental Information Disclosure Statement	APPLICATION SERIAL NUMBER:	10/693,006

DEC 14 2005

PATENTIN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: William C. Phillips; Mark E. Confirmation No. 9345
Schommer; John W.
Forsberg; Alex C. Toy; David
P. Olson

Serial No.: 10/693,006 Filed: October 24, 2003

Examiner: Unknown Group Art Unit: 3736

Docket No.: 1023-290US01 Customer No.: 28863

Title: MEDICAL DEVICE PROGRAMMER WITH FACEPLATE

CERTIFICATE UNDER 37 CFR 1.8 I hereby certify that this correspondence is being transmitted via facsimile to the United States Patent and Trademark Office on December 14, 2005.

By: 

Name: Shirley A. Betlach

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendments
Commissioner for Patents
Alexandria, VA 22313-1450

Dear Sir:


Applicant submits the references listed on the attached form PTO-1449. This statement is being filed, to the best of Applicant's knowledge, before the receipt of a first Office Action on the merits.

Copies of the U.S. patents and U.S. patent publications are not enclosed as this requirement has been waived by the U.S. Patent Office.

Respectfully submitted,

Date: 12-14-05

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Date Mailed: December 14, 2005

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Page 1 of 1

Form 1449* INFORMATION DISCLOSURE STATEMENT IN AN APPLICATION (Use several sheets if necessary)		Docket Number: 1023-290US01		Application Number: 10/693,006	
		Applicant: William C. Phillips; Mark E. Schommer; John W. Forsberg; Alex C. Toy; David P. Olson			
		Filing Date: October 24, 2003		Group Art Unit: 3736	
		Examiner Name: Unknown			
U.S. PATENT DOCUMENTS					
Examiner Initial	Document Number	Issue/Document Publication Date	Name	Filing Date if Appropriate	
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FOREIGN PATENT DOCUMENTS					
Examiner Initial	Document Number	Publication Date	Country	Translation	
				Yes	No
OTHER DOCUMENTS (Including Authors, Title of Item, Page(s), Vol/Issue No., Publisher, Place of Publication)					
EXAMINER			Date Considered		

*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609; Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

Based on Form PTO-FB-A820
(Also form PTO-1449)

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